

# Ostomy

A U S T R A L I A

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## President's message



## Welcome

By David Munro

I would like to begin by thanking the staff and volunteers of our 21 associations for their efforts these last few months. The COVID-19 lockdown forced us all to live and work differently and our associations are no different. I am pleased to say that each association quickly rose to the challenges presented to them, ensuring that supply of our precious ostomy products continue.

Understandably, in the early days of the COVID-19 crisis, many of you had concerns that the availability of ostomy products in Australia may have been affected. Thankfully these concerns proved to be unfounded and although the associations received a record number of orders for products during March and April, the associations were able to work through these orders with minimal disruption. If you did have an order that took just that little bit longer than usual this was generally due to increased demand placed on Australia Post with many businesses distributing products by post.

Australia Post have advised that they will continue to experience delivery delays due to a high volume of parcels in their network for the foreseeable future, so this is something to take into account when placing future orders.

Are you aware that the 21 stoma associations that comprise the Australian Council of Stoma Associations (ACSA) are all not-for-profit organisations with most also being registered charities? In fact these associations are generally managed and operated by ostomates or the family and friends of ostomates. While many associations have a core workforce of paid staff, much of the work undertaken in the processing of your order is completed by volunteers. The COVID-19 crisis saw all associations struggle with retaining their volunteer workforce as many regular volunteers were in the group identified as being vulnerable and asked to isolate at home. This placed an added burden on the remaining staff and volunteers who were already managing an increased workload. Although some of our elderly volunteers who stayed away because of self-isolation have decided not to return, it is pleasing to see that many associations have engaged new volunteers during the crisis who hopefully will be able to continue to assist. Our associations will always welcome new volunteers so if you do have some time to spare to lend a hand, or even a particular skill which you think could benefit your association, please consider reaching out to your association to see how you can assist. There are a wide range of activities required to be completed by an association ranging from the packing of orders to governance duties so any assistance offered will be greatly appreciated.

In early May 2020 one of Australia's largest and founding associations, Ostomy NSW Ltd (ONL) was severely damaged in a fire. This event had the potential to be absolutely devastating, not just for the members of ONL, but for ostomates in Australia. Imagine the impact it would have on the other stoma associations if they were inundated with several thousand new members. Amazingly only 48 hours after the fire, ONL operations had resumed with orders being dispatched from associations in Sydney, Melbourne and Brisbane. ACSA is pleased to learn that ONL have settled into their new temporary premises and are committed to ensuring that their members continue to obtain their essential ostomy supplies when they need them. I am sure that all Australian ostomates will agree that the ONL Board, staff and volunteers should be commended on their efforts to re-establish their operations with minimal impact on members (read more on page 24).

Your continuing support and understanding through these challenging times have been appreciated. ●



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# Your say

## Letters to the editor

Dear Editor,

The story 'Flying with a Stoma' (April 2020 Ostomy Australia journal) brought back memories of a recent flight I took.

I often fly between Brisbane and Bundaberg for work. The flight is only about an hour long, but boy, can things get ugly quick when you have a stoma.

When making this trip I limit what I have to eat and drink prior to the flight so that hopefully Nigel (affectionately my Stoma) doesn't activate during the flight.

On this trip I got to the airport and Nigel was a little grumbly but I convinced myself there was nothing to worry about. Before boarding I took myself off to the ladies just to make sure he was completely empty and I relaxed thinking this was going to be a routine flight.

Nigel was still a little grumbly when we taxied off, but I figured that was going to be my day with him. Snacks and drinks were served and I thought, well I only have a little over an hour I should be fine, so I partook of this repast (could this have been my mistake? Who can know?).

The captain announced that we were preparing for landing (normally 15 minutes out) and that the stewards should prepare for landing. This is when Nigel decided to make his presence known to me and filled up to the point of bursting. I couldn't do a thing – the seat belt sign was on and we were beginning our descent.

On the final pass by the stewards, I stopped her and explained that I had a stoma and that it had filled to capacity and that I was fearful it would leak or even worse, burst, she said that they were well trained in these matters and would assist me on landing, ensuring I was allowed out first. I don't think Nigel would have held on if I had to wait in the normal fashion of getting out of the plane.

We landed, Nigel still intact, thank goodness, and the steward escorted me to the door of the plane, whilst the captain kept the seatbelt sign on so that other passengers couldn't get out of their seats (apparently the steward had informed the captain of the situation).

She asked if I wanted to change my bag in the plane toilets but I said it would be better for the current passengers and the next group if I could get to the airport toilets.

So, I was let off first, they even held back a Federal Member of Parliament who happened to be on the same flight. My husband was surprised to see me get off first, as I rushed past him saying it was an emergency and I would be back.

When we got home later that day, we both had a laugh about the situation (we see the funny side in things like this) but at the time I was a little concerned. The upshot of my experience, and I am sure to anyone who has a similar experience, is that the stewards on the planes are equipped to deal with these things so don't feel embarrassed or awkward, just ask for assistance, and they will be willing to help.

**Jacqueline Davies, QLD**

Dear Editor,

Reading your articles and seeing some ideas that ostomates are inventing, I thought I would add mine to the list.

I have had an ileostomy for 18 months now and found the bag is very hot against my skin. I purchased a bag cover online, it was expensive at \$35, but I didn't like it as it covered the bag completely and caused more bulk. So I decided to buy some bamboo cotton and had a dressmaker make me my own supply of bag covers. I place one under my bag each day. It's keeps the area dry and has been fabulous.

**Mary Collins, QLD**



Dear Editor,

I go on hikes and find the backpack causes problems with my stoma. I would like to purchase a protector/guard but I can't seem to find anyone in Australia making stoma guards. Do you know of anyone?

**Gary**

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Write to us: send your letters to the Editor PO BOX 267, Gosnells WA 6990 or email: [Journal@AustralianStoma.com.au](mailto:Journal@AustralianStoma.com.au)

### ODE TO MY STOMA

By The Gutless Wonder

Nine years ago I was terribly ill  
To recall that memory upsets me still.  
Ulcerative colitis was diagnosed  
Suddenly my entire colon was disposed.

My first stoma did not last long  
He had no name and I wasn't strong.  
Six months passed, I required more surgery,  
It was the only way to survive for me.

A stoma re-siting, a hernia repair,  
My rectum and anus were no longer there.  
My second stoma became my close friend,  
After he arrived my woes were at an end.

The sounds that he uttered when he first spoke  
Sounded to me very much like a croak.  
Jeramiah was a bullfrog, so my stoma became  
My good friend Jerry, for that's now his name.

He's my constant companion, wherever I go.  
He saved my life and I want everyone to know  
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During this time, it is getting more difficult to see health care professionals, and most people are wanting to reduce the risk by minimising visits outside the home. While these measures are in place, it doesn't mean you still can't access quality nursing support.

Although these are difficult times, if your body profile changes, it's important that you make sure your stoma bag still fits snugly. If you're experiencing leakage, skin irritation, skin problems, adhesion or application issues, this can be a sign that it's time to have your stoma reviewed.

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# The importance of talking

By Rachel Jury



Rachel presenting at the British Association of Urological Nurses at a Sexual Dysfunction Study Day titled "My Secret Journey" in January 2019



We live in a society where there are many ways to 'talk or communicate with each other. This can be physically or by using the wonders of technology. As human beings, we need to 'talk' to communicate with one another to express our thoughts, feelings and needs. However, when we go through life-changing events, whether this is the beginning of an illness or ostomy surgery, it can be hard to process how we are feeling and to be able to communicate. Sometimes, we may lose our voice in expressing our wants in the healthcare system or with family and friends. However, there is a healing nature from talking which can come in many ways.

So, a little about me, my name is Rachel, and I'm 33 years old. I am the proud owner of two ostomies: an ileostomy and a urostomy. Now, I call them my two buddies but I hadn't always seen them like that. My acceptance of my ostomies has not happened overnight and

has been a journey. I have had to work on learning to appreciate them and finding gratitude because without them I could not lead the life I live today.

#### IDENTIFICATION

My ostomies were due to a severe case of campylobacter food poisoning when I was 20 in my third year of university studying Radiotherapy and Oncology. Shortly after the food poisoning my bowel and bladder began to fail and my dream of having a career treating cancer patients went up in smoke. To cut a long story short, I was diagnosed with autonomic neuropathy due to the food poisoning and had an ileostomy in 2012 at the age of 24. It was due to the fact my bowel could not empty at all. I was less than seven stone (*approximately 44 kilos*), with severe malnutrition, and there was no other option but to have the surgery. If I am honest, I struggled. I didn't want to know anything about the surgery, I could hardly talk to anybody about how I felt or what was going on. I had lost my voice, and I not only felt trapped in a body that didn't work but felt trapped in my mind where I couldn't even express how scared, frightened, angry, frustrated and sad I felt. Even though I had a family that supported me, I felt alone, my stoma nurses (I live in the UK) were fantastic but I felt disconnected.

The day before my surgery I was admitted onto the ward, scared, petrified and not really knowing what to expect. As I was getting settled in a young lady came over to see me who was also admitted. Straight away, she showed me her ostomy and started talking me through the

pouches and insisted on naming my stoma. At first, I laughed and called it Mr Digby, but that quickly got shortened to Bob. Something had changed though because I was engaged, the surgeons and stoma nurses struggled to get through to me, but I listened to this lady like my life depended on it. She gave me hope, humour and identification. In sharing her story with me she helped me face the surgery and realise I could do it because she had. After the surgery, I had a few complications, one being quite rare with an intussusception prolapsed stoma, which means my stoma is about six to eight inches (*15 to 20cm*) long. This has involved eight operations to try and fix but unfortunately, all have failed, so I have learned to accept this is what it looks like and live with it. However, after I met that girl on the ward and I was left by myself, I had no other identification from anybody. I never realised there was a community of people like me and charities out there. I struggled to accept the ileostomy as I put on weight which was great and needed but impacted me mentally a bit which was ironic. I still had my suprapubic catheter at this time, which was causing me lots of issues, so I think this also impacted how I felt. I am embarrassed to admit it, but I was in victim, poor me mentality.

#### FACING A SECOND OSTOMY

Then in 2015 at the age of 28, after seven years of having a supra-pubic catheter, the results of an investigation on my bladder revealed the bladder was extremely damaged and the cells had mutated. I had no option but to have my

*Continued page 10*



Embracing opportunities to travel, Rachel tries out paddle boarding in New Brunswick, Canada along the river in August 2019

Continued from page 9

bladder removed and a second stoma formed - a urostomy (medical term ileal conduit). Before the surgery I was housebound and was not living, just existing. At first, I thought how will I cope with two ostomies, I didn't really like the one I had. But within two weeks I had the surgery. The surgery went well and when my stoma nurse came to change my urostomy it squirted all over her and I thought...yep...me and you are going to be friends. I soon noticed the terrible pain in my bladder was gone and I felt more hopeful about my future.

I left the hospital three months later (I had other complications due to catching a hospital infection but not related to the surgery), and I put on a dress. I hadn't worn a dress for seven years because of having a bag of wee on my calf. It was a wonderful moment as I stood on my balcony and I thought to myself now is the time to get out of the victim mentality and embrace your ostomies and your life. They have saved my life so now let's help others and truly experience the wonders of life.

So that was what I did, working hard on my mindset, changing how I felt. Working hard on my body image doing affirmations in the mirror which at first made me cringe saying, 'I love my body it is miraculous', but after a while, it started to work. I noticed as relationships came and went I used to put my issues onto them saying 'You don't like the bags', which wasn't true they loved me and eventually I realised I didn't like the bags and that was when I knew I had to work hard to change that. Now, I have, and I realise my scars and bag are my badges of honour - they represent my strength and resilience.



They tell a story of survival and show just how miraculous my body is.

## REACHING OUT

During one of my admissions after my urostomy surgery, I was talking to a nurse asking if there were any other people she knew with two ostomies. She didn't, and I explained how I felt like I was the only person in the world with two which can't be the case. She encouraged me to start a blog and came up with the name Rocking2stomas. That was how Rocking2stomas was born, and it has changed my life. Originally, it was started to help other people, but I never realised how much it would help me in my acceptance of my ostomies and push me out of my comfort zone. As I mentioned, I didn't realise there were Facebook support groups and communities online. When I found this I felt like I had won the lottery and was mesmerised. Soon, I was starting to get lots of emails from other people with two ostomies and realised I wasn't on my own. On the 50th email I realised I needed to set up a support group on Facebook for us. I found out that in the ostomy community we are called 'Double Baggers' so the group is called 'Double Bagger Support Group' we now have over 450 members which is incredible and all before they found the group, like myself they felt like they were the only one.

By seeing other people like me travelling all around the world, trekking the Sahara and doing sports I started to challenge my own limitations. Why hadn't I been abroad? What was my fear? An ostomy company gave me an opportunity to do a lifestyle video shoot in Gran Canaria, and by the end of the holiday, I was in tears with the crew just in pure gratitude of the opportunity and fact I had finally gone abroad. That kick started many holidays for work and pleasure to Copenhagen, Canada, Egypt, and in January, I came back from Thailand and even survived food poisoning there. It was finding people like me and seeing what

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Jen, Crohn's Hero

## Introducing Dansac's 'Living with a Stoma' Online Learning Centre

Visit [www.dansac.com.au/livingwithastoma](http://www.dansac.com.au/livingwithastoma)

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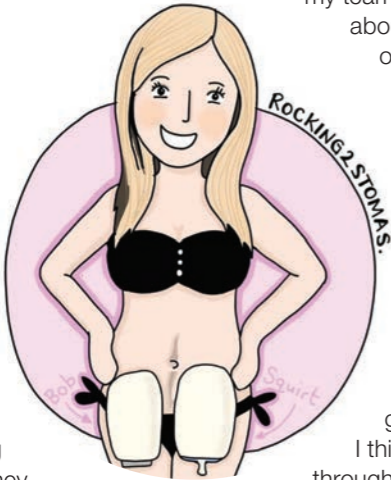
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they were doing that helped me look at myself. It was definitely a process for me, but slowly I am doing more things. Now, I do yoga for 10 minutes every morning, which I never thought I could do.

SHARING OUR STORY

We need to talk to others, tell them where we are at and the process we are going through to help with the emotional side. However, another aspect of the importance of talking is also by sharing our stories. I bet many of you reading this have shared your story with a new ostomate or potential new ostomate where they have found identification and you have helped them on their journey of becoming an ostomate. Trust me, they will never forget that. I know I haven't. I realised after the blog got popular and I was asked to do awareness talks and to talk about my story. At first, I declined, hating public speaking and getting nervous. However, I realised this wasn't about me this was about others identifying and bits of my story helping them. I did a few talks and was then asked to do more branching out to the NHS branches, nurses and consultants talking about subjects close to my heart like healthcare professionals awareness of urostomies which are the forgotten stoma. I never thought this would come by starting a blog, but now my favourite



talks are with ostomates in open days or at charity events because it is where I truly feel at home. An important subject I have been talking about quite recently is the importance of healthcare professionals talking about sexual function generally but especially after ostomy surgery. I did a presentation in front of 200 urology nurses named 'My Secret Journey' around how this area has affected my quality of life and that not one member of my team had brought it up. I talked about how, though, I'm an open person, I struggled to bring this issue up myself. It was powerful, and lots of things came from that. I am now tutoring fourth-year medical students at St. Barts Hospital in London. After that talk I also found the courage to speak to my team about that issue, and now I am getting help in that area. I think when we have been through so much, we put some issues to the side and don't bring them up. I feel strongly that the medical teams should ask us because sex and intimacy is important for everybody, and when they bring it up, it gives us permission to talk about it.

AWARENESS

Sharing our stories, or doing selfies in our stomas, or going to the beach in a bikini – it all helps raise awareness to the general population that we have ostomy bags, but they have saved our lives, and we are still embracing life. We all raise awareness in different ways, and it is the power of talking. I wish that young girl at



24 when I first had my ileostomy knew about ostomies and where to go for help, access a buddy system for ostomies or have some support right at the beginning and throughout.

The world has definitely changed and awareness of ostomies has got stronger, and I know regarding urostomies ostomy companies are including them a lot more, which really warms my heart.

Thank you for reading, and I am going to end on a brilliant quote by a famous Egyptian Proverb:

'I don't want my pain and struggle to make me a victim. I want my battle to make me someone else's hero'.

Because we are all someone's hero and it starts by talking and sharing our story. ●



An unexpected journey By Elizabeth Kay



Elizabeth boarding Mercyship - a volunteer ran hospital ship which provides health care services around the world

It was December 1999, when an innocuous bleed from the bowel rearranged my life as I knew it. Then in 2000, when I thought things couldn't get worse, my husband passed away with viral pneumonia.

By July 2002, the bowel bleed began extracting its full measure of mayhem: I had my first colonoscopy and very soon after, my first surgery, a

laparoscopic anterior resection to remove cancerous polyps (lower rectal carcinoma). Two bags of blood were utilised during the process and I anxiously looked forward to regaining some semblance of my prior lifestyle.

It was not to be. Five days after being discharged from hospital I was re-admitted to Allamanda Private Hospital for surgery number two to deal with complications of a rectovaginal fistula: my vaginal wall had collapsed. This emergency necessitated a Hartmann's procedure. During my four days in critical care I became acquainted with a stoma on the left side of my abdomen. I was now a 'Bag Lady'.

Were it not for the wonderful assistance of the stomal therapy sister, I doubt that I could have accepted this 'bag' (known thereafter as 'George') as graciously as I did. George was not always a happy friend, but we learned to co-exist - there really was no other option.

The stoma developed necrosis 10 days later and emergency surgery number three relocated my stoma to

the right side of my abdomen. I was discharged four weeks later and it took another 16 weeks of recuperation with assistance from my 89-year-old mother who flew up for a three-week holiday from Tasmania. This became an 18-week mission of love and care for my survival and I give thanks to God for His sustaining power and strength throughout this part of my journey.

Well before my episodes of colonoscopies and surgeries I had applied to serve with the Christian Charity Mercy Ships UK at their head office in Stevenage. After all I had been through, I heard that my application was successful and I was very excited.

Wow! Could I pack enough supplies to cope with a stoma for a three to four-month period? Could I even manage such a long and arduous flight?

At 62 years old I was full of fervency to serve despite my disability. I approached the ostomy association on the Gold Coast and together we began careful planning for the trip.





Continued from page 13

We decided to post a parcel of supplies two months before leaving. I would arrive in the UK at about the same time as the parcel.

The UK has a reciprocal health care agreement with Australia and all I needed was to register at a clinic to be eligible for medical assistance if necessary.

Fortunately, it wasn't. The Mercy Ships volunteer family at Stevenage became my substitute family. It became apparent that I had a rectal discharge, but I decided to wait out the four-month period and not seek medical advice while in the UK. Undaunted I flew back to Australia and then on to Tasmania as my 91-year-old mother was diagnosed with oesophageal cancer (2004) and I wanted to assist in her care. George was behaving admirably, and stoma supplies were sent to me. Following a quick trip back to Queensland in March 2004, I now had a six months' supply.

I considered my life to be reasonably on track, and moving at a hectic pace. I was travelling to Mercy Ships in Caloundra (Gold Coast) three days a week and 2004 was spent between Caloundra and Tasmania as my mother's health rapidly deteriorated. I still had that significant rectal discharge. Eventually I considered two orifices leaking at the same time was a bit too much. A Colorectal Surgeon in Melbourne was appointed and what better place to have this, as my daughter was a Registered Nurse at the Peter McCallum Hospital. History indicated that if more surgery were required then home care would be needed.

I had two options: the first was to leave the rectal discharge and hope for the best. The second was to take down the fistula and do a completion proctectomy (abdominoperineal resection) leaving me with no anus or rectum and a permanent colostomy (Bag Lady forever).



Sadly, mother passed away 7 January 2005 aged 91 years.

Three weeks later the operation to make the abdominoperineal resection became a reality with a permanent 'Bag Lady' effect, including repair of an incisional hernia, divisions of multiple adhesions involving rectal and vaginal walls. A suction drain was placed as well as Penrose drains into the pelvis. It was 28 January but four days postoperative atrial fibrillation and flutter presented revealing bilateral upper lobe pulmonary emboli that required a temporary vena cava filter to be inserted plus a transfusion of five bags of blood. It took another 18 days for this condition to subside. The price was high for my recovery from this surgery. An infected pelvic haematoma came next which required me to be subjected to further surgery for repeated washing and draining of my pelvic area. I was acutely embarrassed by the offensive odour that seeped from my body and into the ward, and it was noted during this surgery that the undermining of the abdominal wall showed no signs of healing. Hence a tubed stay in ICU became necessary.

Along came the croaking frog – yes, a touch of humour was required (laugh or you'll cry). It was a frog-like noise made by a vacuum suction pump that remained in the gaping 13cm deep hole for six weeks. To be a 'normal person' was my prayer and dream, and six weeks later I emerged from St. Vincent's Hospital.

To say that this period was traumatic would be a gross understatement. My daughter's family, friends and the pastoral care by the Catholic Sisters redeemed this traumatic period in my life – where would I have been without their prayerful support and love throughout it all?

My return to the Caloundra office of Mercy Ships was six months later. I wanted to remain a valued participant in the volunteer department so my trips during the latter stages of my five-year commitment at the Australian office, were taken by train and very comfortably so.

My regaining a 'normal existence' enabled me to resume former plans of visiting USA, Canada, UK and Germany. Of course George figured

prominently in my travel preparations and except for a few copious outputs, the sheer joy of seeing new places and revisiting precious friends far outweighed any downsides along the way. In 2008 I had the privilege of experiencing the delights of various places in South Africa. Cape Town, Johannesburg, Knysna, Balito on the Indian Ocean, and even the Pilanesberg Game Reserve with family members, these were very much joyous occasions.

George has coped extremely well with different foods whilst away from home, but the challenge is always present. Having an ostomy bag has not deterred my desire to travel at home and abroad – with just a little planning anything is possible! Airport security personnel differ greatly in their attitudes towards ostomates but a cheery smile and a little explanation usually does the trick. Product that was under surveillance was usually returned without incident. I was given the courtesy option at most airports of proceeding to a private room or having hand luggage searched at the security gateway.

Colonoscopies every three years are fine by me and I have been free for seven years from cancerous polyps; I have been an ostomate for 18 years, and am very grateful to God for the faith that He has given me and the ability to live a very full and happy life as an ostomate.

To have had the excellent Colorectal Surgeons and wonderful Stomal Therapy Nurses on the Gold Coast and in Melbourne, has given me the opportunity to see my grandchildren mature into the fine young folk they are becoming.

Today after 18 years as an ostomate my three yearly colonoscopies have lengthened to five years. Yes, I am truly thankful for the 18 years of journeying with George.

As recently as 2018 I travelled to the UK for five weeks to renew friendships made in previous times and am thankful to say George behaved admirably. Again by posting supplies earlier it was very comforting to know that they were in the UK before leaving Australia. ●



After surgery Elizabeth resumed her plans of visiting the US



Looking for more information around living with an ostomy?

## Information at your fingertips.

If you have an ostomy or care for someone who does, visit the Hollister online learning centre.

Here you will find a wealth of ostomy related information and hints and tips on living your best life. Everything is covered, from using ostomy devices and skin health, to the transition from hospital to home and real life stories of other people living with an ostomy.

[www.hollister.com.au/ostomylearningcentre](http://www.hollister.com.au/ostomylearningcentre)



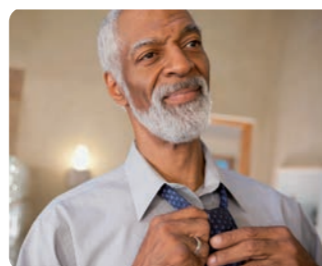
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# The importance of Zinc

By Margaret Allan

*Margaret Allan advises both ostomates and the public on diet and health-related matters. She is the director of the consultancy Nutrition For Ostomates. To contact her or read more nutrition articles supporting the health of ostomates, go to [www.nutritionforostomates.com.au](http://www.nutritionforostomates.com.au)*

*This article was first published in April 2016 and is being re-printed to help support immunity amongst ostomates during this stressful time and to help prevent or fight those winter colds and flu.*

Zinc is an essential mineral that plays an important role in all human living cells, as almost every cell in the human body contains zinc. It's distributed across all body tissues and fluids and is considered one of the building blocks for cells. Zinc is involved in more bodily functions than any other mineral. This essential mineral is important for many functions in the body and supports good health in a multitude of ways. It is especially important for a strong immune system.

Zinc is often overlooked and undervalued as a primary driver for health, and in the clinical setting a zinc

deficiency is often under-recognised as a causative factor in many chronic signs and symptoms.

Some essential functions of zinc include:

- enhancing the production of white blood cells, which strengthens the immune system so it can defend against pathogens such as bacteria, viruses and fungi
- supporting the production of hydrochloric acid in the stomach to assist with digestion of food
- metabolising carbohydrates and synthesising proteins, both important macronutrients for good health
- manufacturing part of the haemoglobin molecule, which transports oxygen around the body
- being involved in the production, storage and release of insulin which supports healthy blood sugar levels
- influencing the health of the thyroid gland, which is involved in many functions in the body itself
- balancing mood, so there are less ups and downs throughout the day.

Zinc deficiency is most prevalent in pregnant women, young children, the elderly and the poor. It's the nutrient deficiency I identify most frequently in my clinical practice. It is typically

## Nutrition for Ostomates



evident in all types of ostomates as well.

Moderate indications of zinc deficiency include:

- a weakened immune system
- loss of taste and smell, resulting in food appearing tasteless and consequently a desire for stronger flavoured foods
- loss of appetite, particularly in the elderly
- physical and mental fatigue
- poor wound healing
- rough, dry skin.

Indications that a zinc deficiency is more chronic and severe include:

*Continued page 20*

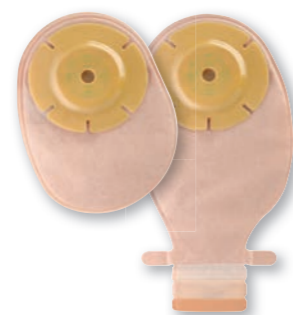




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Continued from page 17

- hair or weight loss
- chronic unexplained diarrhoea
- problems with the eyes, such as poor vision, light sensitivity and dry eyes
- poor healing of ulcers
- mood imbalances such as depression and/or irritability
- joint pain.

The best sources of zinc in the diet (more than 5mg per 100 grams of food) are red meats and offal such as beef, lamb and veal, as well as oysters which are particularly rich in zinc.

Zinc is also available in plant foods as well as animal foods but the amount per gram of food is less, and the degree of absorption is also reduced. For this reason, vegetarians can also be at risk of zinc deficiency. Pumpkin seeds, sunflower and sesame seeds contain good amounts of zinc, but these must be consumed very carefully by people with an ileostomy or colostomy because excess consumption may cause a blockage.

Healthy adults tend to consume approximately 5 to 15mg of zinc per day through diet, however less than half of this is absorbed in the gastrointestinal tract. Unfortunately zinc absorption is influenced by many factors and consuming enough in the diet does not always guarantee adequate zinc status. A calcium rich diet, for example, may lead to a zinc deficiency due to the two minerals competing for absorption in the intestinal tract.

Zinc deficiency can develop quickly when dietary intake is consistently low or impeded, over a matter of days or weeks depending on the age of the individual.

Zinc deficiency can alter the structure and optimal function of the intestinal tract, and a prime clinical focus for me when working with all my patients, is to support the function of the digestive system so that optimal health is maintained as much as possible.

For those with intestinal issues such as small bowel resection, as in the case of people with an ileostomy, or residual intestinal inflammation from a disease process, which may be the case for some people with a colostomy, malabsorption of zinc can be an even greater concern.

Chronic diarrhoea can lead to zinc deficiency, but zinc deficiency can also be a causative factor for chronic diarrhoea. Assessment of zinc status is of prime importance to prevent further nutrient loss. Some medications can also interfere with zinc absorption.

A low zinc status can also lead to immune system deficiencies, and consequently an increased risk of infections of all types, e.g. bacterial, viral or fungal. An adequate zinc status is important for all people with a stoma,



including those with a urostomy, to defend against infections. As the winter months are upon us, and the risk of viral infection is greater this year than ever before, strengthening the immune system to enable it to defend against viruses and winter ailments is critical. During this time everyone with a chronic illness that weakens the immune system is more vulnerable to colds and flu. This certainly applies to the elderly and ostomates, with those falling into both groups of considerable concern. Even mild zinc deficiency can lead to reduced immune system functioning.

As zinc is found in the highest quantities in foods of animal source, hearty winter soups, stews and casseroles made from red meats and/or offal are valuable additions to the diet during the colder months. Consuming oysters as much as possible can also be beneficial if the taste appeals.

Alternatively, if dietary intake is consistently inadequate and clinical signs and symptoms of zinc deficiency are evident in yourself or a loved one, then supplementation may be required. This can be a simple and relatively inexpensive method of gaining adequate zinc status and therefore fortifying the immune system, especially during the winter months. If you would like my assistance in sourcing a zinc supplement that is appropriate for your individual needs and circumstances, please contact me via my website for a consultation.

Wishing you good health and happy days,

**Margaret** •

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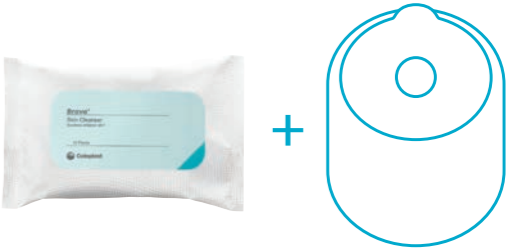
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# Growth after trauma

By Adelle Jones



In the April 2019 edition of this journal I introduced myself to you as a young mother who experienced a very rare type of birth trauma. My bowel perforated and this resulted in me undergoing emergency life-saving surgery and learning to navigate my life as a first-time mum with an ileostomy for eight months. What I failed to do was come back to you on the

reversal process, in particular the mental preparation for the surgery and the recovery that followed.

I found the mental preparation incredibly difficult for three reasons. **First**, I had to convince myself that I was okay with willingly surrendering my body back onto an operating table. The last time I did this was for my c-section and that didn't go so well for me. **Secondly**, I had spent the eight months preceding the reversal learning to accept my new body image and the new way I had to look after my new body so that I may live. As most of you reading this know, living with a stoma is not an easy feat and I like to believe I had become really good at it in a short time. My **third** reason is not one you may expect. I was so deeply sad that I was about to lose the community I had become a part of. My road to recovery began by creating an Instagram account called overnight\_ostomate and through this I met so many amazing people. There is such a strong sense of 'belonging' in the online ostomy community and the people I met had become such an integral part of my everyday life and routine. I knew that once 'Steve the Stoma' was gone I would feel like an imposter and may lose the sense of purpose that it had given me.

In the lead up to the reversal, I tried to be as positive as I could. The month of May 2019 was nothing but trips to the Melbourne Zoo, the Sea Life Melbourne Aquarium with our 7-month-old and finally a party to celebrate the life that my stoma had given me. I turned 33 years of age four days before my reversal surgery and so, we had a 'poo party'. My family

supported me every step of the way and joined in the fun with poo cupcakes and funny balloons. On the day of my surgery I set up a collage of images on my hospital wall next to my bed to keep me smiling and looking forward. I knew how hard it might be to get my bowels working again and I wanted to ensure that I was as prepared as I could be with a positive mindset. The reversal went swimmingly. My bowels were moving in under 24 hours and whilst the 'bum burn' was horrendous I just kept telling myself, there are worse things...

After things slowly returned to 'my old normal', where my bowel was just like everyone else's, I lost myself again. It felt as though my family treated the reversal as the end of the road. The trauma for them finally had an ending and there was this sense of relief in the air. The horrible birth and near-death experience was over. For everyone but me that is. I didn't know how I was supposed to feel anymore. I was sick of 'recovering', of being cared for, of being scared, of feeling like my journey into motherhood had been stolen from me. Eventually my husband began to gently encourage me to find something new to pour myself into. What better way to do this than to start a law firm!

I have always thought that my birth trauma happened to me for a reason. Even if that reason is just that it happened to me instead of someone else because God knew I was strong enough to triumph. I am not afraid to show people who I am, to tell the gory details of my ordeal if it means that someone else finds some strength in my story. Being so open about something so personal is rare when it comes to professionals. Professional people in my industry, legal, are traditionally clean cut, in a suit and show no flaws. Game face only. That is just not me. I am the person I am today because of my flaws. Scars and all. When I deal with my clients, I am all about the person I am dealing with on the other end. I show you me so you are comfortable under my roof. My ostomy journey is a huge part of who I am. I have never 'just' been a lawyer. The strength I now have, I attribute to the trying journey that was surviving sepsis and pulling myself together over the unfortunate events that left me longing to find myself again.



Haven Legal Co. is my firm. How we practice law is a representation of me. The kindness we show everyone because we all have a hidden story. Our main aim is to make our clients feel as comfortable as possible talking about their personal situations. If you have some Estate Planning or a Family Law matter and would also like to share some hard stories, maybe I can help you feel like you belong somewhere too. ●

## What's on?

Discover new services and events at your local association

### Queensland

#### OPEN DAY

Wide Bay Ostomates Association

**Date:** 21 August 2020

**Time:** 10:00am

**Location:** Association office, 88A Crofton St, Bundaberg West QLD

#### Want more information?

Contact WBO for further information or to RSVP (07) 4152 4715

### Tasmania

#### ANNUAL GENERAL MEETING

Ostomy Tasmania Incorporated Annual General Meeting (AGM)

**Date:** Saturday 19 September 2020

**Time:** 2:00 pm

**Location:** Association office, St Johns Park, New Town

#### Want more information?

Contact Ostomy Tasmania by email admin@ostomytas.com.au or call (03) 6228 0799

### Victoria

#### ANNUAL GENERAL MEETING

Colostomy Association of Victoria Annual General Meeting

**Date:** Wednesday 26 November 2020

**Time:** 12:00 noon

**Location:** Level 2, Block Arcade, 98 Elizabeth Street, Melbourne

#### Want more information?

Contact CAV by email info@colovic.org.au or call (03) 9650 1666

#### YOUNG OSTOMATES UNITED INC. PRESENTS MS MELANIE MCGRICE - DIETICIAN

Melanie McGrice, specialises in managing digestive health concerns and is familiar with and aware of the effects of diet for ostomates. This is your chance to chat with Melanie. Everyone is welcome. This event will also be available online.

**Date:** Saturday 29 August 2020

**Time:** 11am - 3pm

**Location:** Nurses Memorial Centre, Slater Street (off St Kilda Road) Melbourne Vic

#### Want more information or to RSVP?

RSVP by 25 August (for catering purposes) by email helshae@hotmail.com or call 0412 144 230 (leave a message)

### Western Australia

#### OSTOMY AWARENESS DAY

WA Ostomy Association

**Date:** Saturday 3 October 2020

**Location:** Association office, 15 Guildford Rd, Mount Lawley

#### Want more information?

Contact WAOA for further information by email info@waostomy.org.au or call (08) 9272 1833

**Due to Covid-19, make sure you check the status of these events.**



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# Best laid plans – up in smoke

By Stephen Lardner, Manager at Ostomy NSW Limited



Benjamin Franklin supposedly once said, 'If you fail to plan, you are planning to fail'. He was one of the Founding Fathers of the United States. Franklin was a leading writer, printer, political philosopher, politician, Freemason, postmaster, scientist, inventor, humourist, civic activist, statesman, and diplomat.

When the COVID-19 pandemic became a reality in Australia, Ostomy NSW joined with NSW Stoma to develop our business continuity plan in the case of one or other association being forced to close due to a COVID-19 outbreak. The plan was written and formally presented in early April to each association and to ACSA. It became the blueprint for all associations to assist each other in the event of a shutdown. Fortunately, at the time of writing, neither association has been impacted by COVID-19.

On Sunday 3 May I received a call at 11:00pm from one of our volunteers advising that our office building is on fire. At first, I thought it was a mistake or

something minor that would be resolved when we went to work on Monday. A few minutes later, she sent me a photo of the entire building ablaze. After an initial panic, I activated our plan, by advising staff and directors not to attend work on Monday due to fire.

I made my way to the office at Kirrawee Monday morning to find fire fighters still hosing down the building with a policeman on guard duty. By mid-afternoon the blaze was extinguished and myself and a few staff members who lived nearby went in and rescued what we thought was important – a few computers, paper orders, some stationery and tray tables.

There was no fire damage, even paper was still intact. However, everything including our ostomy supplies suffered from smoke and water damage.

Tuesday morning three of us met in the carpark of McDonalds next door. Due to COVID-19 we could not meet indoors. Our accountant offered us the use of her boardroom and we began to implement

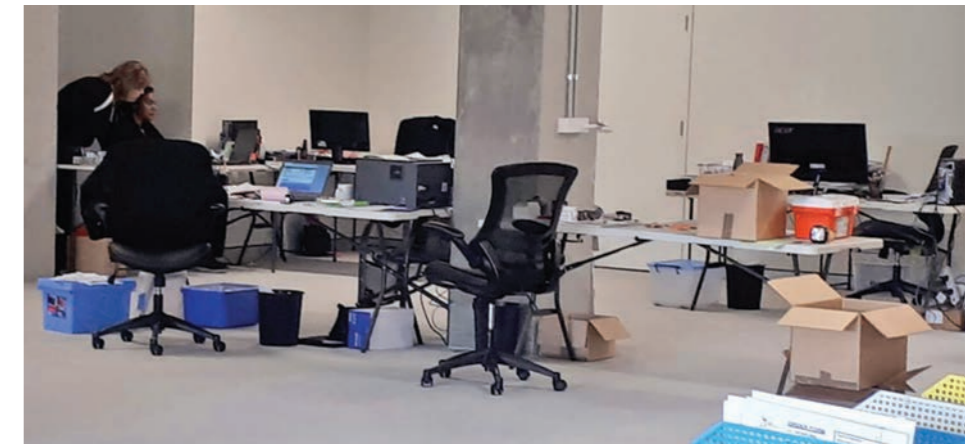
our plan in earnest. Members orders were re-directed to NSW Stoma in Sydney, Ostomy Association of Melbourne (OAM) or Queensland Stoma Association (QSA) in Brisbane. We visited five potential properties to rent and made an application to rent the premises that have now become our temporary location. We wanted all our team to get together, so on Wednesday morning we met at Kareela Reserve as there were no meeting rooms available to hire, no cafes where we could meet and we could not enter our Kirrawee site. Our team are amazing, words cannot fully describe their concern for how we would continue to serve our members. Tasks were allocated and our team began to work from home. On Wednesday morning I met with our insurers – they have been very supportive and their assistance in our business continuity has been vital.

It took the rest of week one to sign documents and receive the keys to temporary location the following Tuesday morning. A minor fit-out was required for electrical and data fittings and a security system was required. Of course, we had to renew our insurance for the new building, too. By the Wednesday of week two we had staff on site and we began to re-build our business. We have a very supportive group of volunteers who have returned and worked many extra days to assist, which has been vital. Basic is definitely the word associated with our temporary premises. We began with borrowed furniture and many trestle tables from Bunnings. Stock was kept on the floor in as close to some order as possible. Our first stock arrived Thursday afternoon of week two, and on Tuesday (week three) we packed a few orders (around 30).

Fast forward to the end of week five and we are well established in our temporary premises. Our ability to send orders has improved to levels consistent with our Kirrawee site and we are catching up on orders placed in late May and early June. We have improved the fit-out now

with shelving, new desks and chairs, replacement computers and an improved phone system. It has been a traumatic few weeks and still much needs to be done to feel like we are back to normal. We have received countless messages of support and understanding from our members. Suppliers have been brilliant assisting us with emergency supplies and rapid dispatch of our orders. The three associations who dispatched orders on our behalf deserve a massive thank you for getting us out of trouble in the early days. Specifically, Mary and her team at NSW Stoma, Hermione, Sue and their team at OAM and Kylie and the team at QSA. They have even asked for more orders to be sent their way. We have kept the Executive at ACSA updated along the way, and they in turn have kept the Department of Health informed of our progress.

Thank you to our Volunteers, Staff and Directors for working so cohesively together. It has only been six weeks and we are as close to business as usual as if nothing had happened. ●



Two weeks after the fire, ONL have set up temporary offices and are returning to business as normal

**'To achieve great things, two things are needed: a plan, and not quite enough time' – Leonard Bernstein**





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# Need to get back on track?

By Jodie Nelson



*Jodie is an Accredited Life Coach, mindset specialist, motivational speaker and executive leadership coach who specialises in chronic disease management and effective communication strategies for patients, medical professionals and supporters.*

Well, what a year 2020 has turned out to be. We have seen fires, floods and then the COVID-19 pandemic.

Each year I buy a new diary and I start planning and setting goals both personally and professionally. As part of the process, I visualise what the year will look like for me including asking myself questions such as how will I feel when I achieve my goals? Where will I be and what will I be doing once I achieve those goals?

I use all my senses and I focus on exactly what I want rather than focusing on what I do not want. Most people can rattle off a list of 'I do not wants' that are a mile long but when you ask them what they do want, the list is substantially smaller.

Why? Most people are scared to fail so they don't set goals. In my eyes if you don't put yourself out there and set goals, you are already failing. Let that

sink in for a moment...

As an ostomate we must set goals. If you are a new ostomate, you are still trying to work out your new normal and your new routine. Within these new routines, there should be a list of short-term goals.

For example, how long before I change my own bag? Set a date.

How long before I go back to work or how long before I volunteer and give back to the community?

How long before I take a short trip?

If you set yourself a goal and you achieve it, you will automatically have a sense of calm or happiness within. A great guide to setting goals is the SMART Goals framework.

**Specific** (set specific goals)

**Measurable** (set a measure, provide a way to evaluate)

**Achievable** (make the goal achievable)

**Relevant** (make it relevant to what you would like to achieve)

**Time-bound** (set a date and or time)

If you use this framework, you'll be able to clarify your ideas, focus your efforts, use your time and resources well and it will help you reach your goals.

What happens if you don't achieve your goals?

Rather than getting anxious, disappointed or depressed, try looking at why you didn't achieve it, then go back to the drawing board and reset. The biggest reason for not achieving goals is that people are often too optimistic and don't give themselves enough time to achieve the desired outcome.

I experienced all these emotions myself when the goals I had set for myself this year went out the window the minute our borders closed. My business suffered a significant hit when all the bookings I had were cancelled or postponed within three hours of the

COVID-19 announcement. All I had worked so hard for was gone in the blink of an eye.

The first week I was in shock. The second week I started picking up the pieces. The third week I knew I had to take a risk and try something new. The fourth week I reset the business – set new goals, new strategies and aimed for a bigger market. For myself I also set a new health strategy and home life goals.

The virus forced me to see things from a new perspective. I realised being mindful and making personal time is more important to me than working stupid hours. I'm enjoying getting to know my new neighbours and I've committed to try something different every week.

If you are at home feeling anxious, depressed, lost or worthless, please reach out to your GP or other health professionals to help you get back on track. Good mental health is so important. It's better to be safe than sorry. Life is for living, not just existing.

If you are interested in learning some mindful movement techniques, please connect with The Zen Zone Australia [www.thezenzone.com.au](http://www.thezenzone.com.au).

Other helpful websites:  
[www.beyondblue.org.au](http://www.beyondblue.org.au)  
[www.headspace.org.au](http://www.headspace.org.au)  
[www.lifeline.org.au](http://www.lifeline.org.au) (phone 13 11 14) •

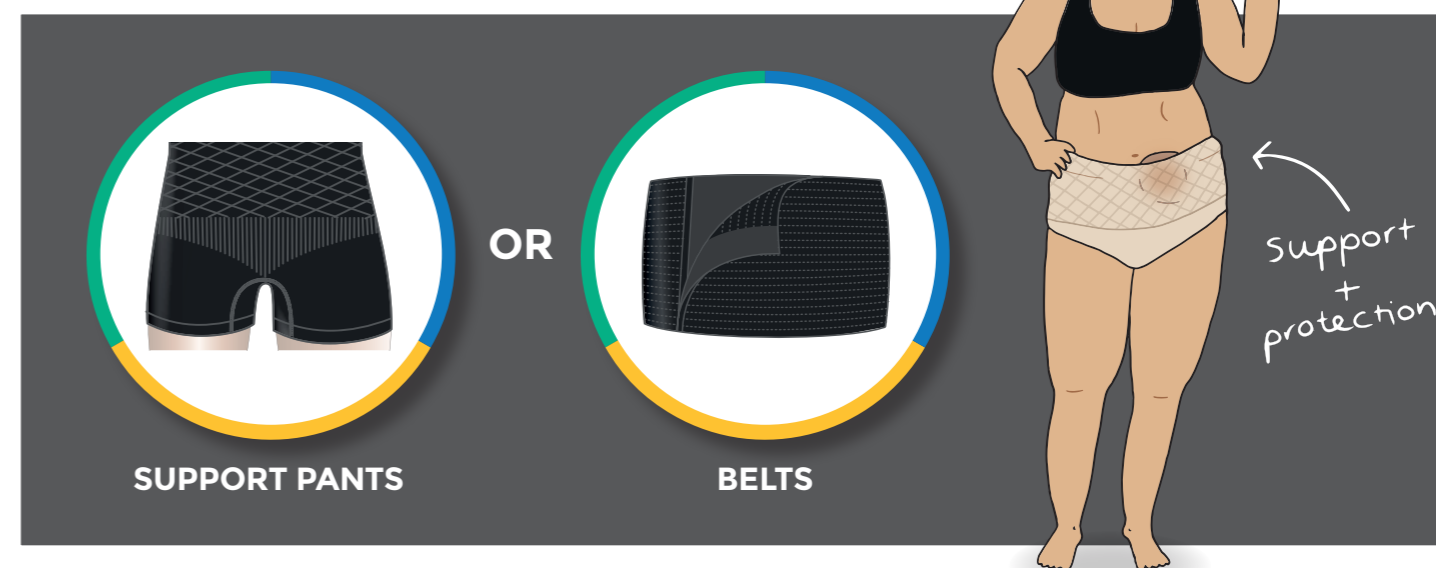


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1. Colorectal Disease ² 2018 The Association of Coloproctology of Great Britain and Ireland. 20 (Suppl. 2), 5–19

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# YOU Inc's 2020 members' educational day

By Lilian Leonard OAM



Left to right: Bonnie, Justin, Tony, Ros and Amber; organisers of the members' educational day

**Young Ostomates United (YOU) Inc was formed in October 1989 in Victoria to encourage support and friendship between young people with a stoma, their families and friends and to provide resource material to ostomates.**

Each year YOU Inc. hosts an annual educational day for members. On 29 February we held our 2020 event with approximately 40 people from YOU Inc and the wider ostomate community attending. This year we invited the Mitrofanoff support group to co-host and we live streamed the day on our private Facebook page where 23 viewers watched the event online.

Our guest speaker was a registered psychiatric nurse who has held the position of a senior clinician on a crisis assessment and treatment team for the past 17 years. She spoke on the topic of depression including the varied signs and symptoms as well as the range of treatment options ranging from breathing exercises that anyone can learn and practice to medications and ECT (electroconvulsive therapy).

Following the presentation, a panel, made up of YOU Inc members openly discussed the mental health and anxiety issues that they have overcome or are still working through relating to their stomas. This enabled the audience to feel comfortable to talk about their own experiences and concerns.

## PANEL MEMBERS

Bonnie was diagnosed with Ulcerative Colitis at 20 years old, she had an ileostomy constructed in 2018 and at the age of 33 was diagnosed with Crohns disease. Bonnie's main mental health issues have been body image and anxiety.

Dave also has Crohns disease and had an ileostomy quite a few years ago. He has found that the key to coping mentally with a stoma is education. Having the 'how & why' knowledge has allowed him to accept his stoma.

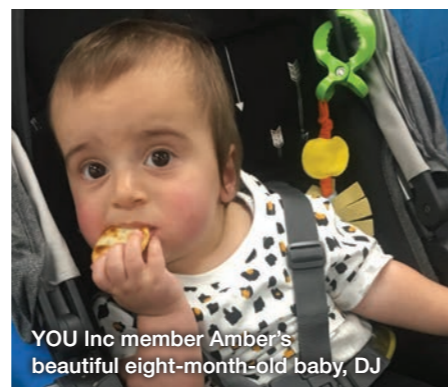
Amber has had her colostomy since she was eight years old. As a teenager Amber was concerned about what to wear and the stoma being visible under her clothes. Amber was able to have her stoma repositioned below her waist which greatly helped her approach to fashion. Amber has always been honest about her stoma to close friends and found they have always been supportive.

Declan was born with bladder exstrophy resulting in numerous operations and finally a Mitrofanoff stoma when he was seven years old. He now catheterizes his stoma five times a day. Declan, now 12, started secondary school in 2020, he goes on school excursions but does not participate in sleep over's and is very private about his condition. Declan knows he will have his stoma for life and with help from his mother, Anne, accepts it.

Throughout the discussion the panel and audience shared their own tips for coping with life as an ostomate:

- if you are nervous about surgery, remember what you are missing out on. While you are sick on the couch, people with bags are outside living life
- allow yourself time to process, but don't dwell. Throw yourself the pity party, stay in bed and watch tv, but only for one day then the next day get up and get back into life
- if you feel that your anxiety or depression is getting the better of you, get help from a doctor. There is nothing wrong with medication or therapy. It is how we treat any illness
- educate yourself. Learn as much as you can about your illness and try to understand it
- talk about your experience with anyone and everyone. Use it as a way to connect with family and friends

Continued page 30



YOU Inc member Amber's beautiful eight-month-old baby, DJ



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**Ostomy Care**  
Healthy skin. Positive outcomes.



12 year old Declan talks about having a stoma and starting high school

Continued from page 28

- write about your experiences honestly and often. Either privately through a journal or diary or go online; start a blog, post on Facebook, Instagram, Twitter or whatever platform suits you
- connect with fellow ostomates, one of the best tools an ostomate can

have is support from groups such as YOU Inc and fellow ostomates. Having fellow ostomates close at hand for advice is the best way to learn. As any experienced ostomate will tell you, there are no stupid questions, just informative answers

- be honest with your workplace if you feel comfortable to do so. People may surprise you with their compassion and care
- fake it 'til you make it - it is hard to feel confident in your body when it is attacking you. Dress up and go out somewhere safe with people who care about you. The more you push yourself, the more comfortable you will feel
- if someone dismisses your concerns, if your friends stop calling or a boy/girl stops dating you because of your illness, they are doing you a favour - you don't need

that kind of person in your life

- remember that dating sucks both with and without a bag. All people have body image issues that make us nervous to date and be intimate
- get a dog. They give you a reason to get up in the morning and love you unconditionally.

I want to thank everyone who shared their anxieties and challenges with the group on the day, not only the ostomates but also the carers of younger people and children who have specific problems and concerns.

**If you would like more information on YOU Inc visit their website [www.youinc.org.au](http://www.youinc.org.au) or contact Helen on (03) 9796 6623 or email [helshae@hotmail.com](mailto:helshae@hotmail.com)** •

## Are you up to date with your association's ordering guidelines? By Kylie McGrory, ACSA Administration Officer

As an Australian ostomate, for a modest annual fee known as the compulsory Stoma Appliance Scheme (SAS) Access Fee, you are eligible to become a SAS Participant and to receive an average of \$2,000 worth of ostomy appliances and accessories each financial year. The SAS Access Fee is set by the Commonwealth Government and paid to the stoma association where you obtain your SAS supplies (as a registered member of that association). The SAS Access Fee for 2020/21 is \$60, or \$50 for those SAS participants who present a valid commonwealth concession card.

Some associations also charge an annual membership fee, separate to the SAS Access Fee. The annual membership fee is used to assist the association with the costs of delivering support activities not covered by the SAS Access Fee.

As an Australian ostomate, you are also the beneficiary of an agreement made 45 years ago between the Commonwealth Government and the Australian stoma associations which gave responsibility for the distribution of SAS funded products to the associations in return for a nominal handling fee. While the associations' operations continue to evolve, the agreement made with the Commonwealth Government in 1975 remains largely unchanged and helps to ensure that all SAS Participant members can access ostomy products in parallel

with ongoing peer support while keeping SAS distribution costs as low as possible.

In 2018/19, the handling fee paid to the Australian stoma associations was \$2.536 million, or an average of \$55 per SAS Participant. To earn its handling fee, an association receives an order from a SAS Participant member, assesses that order to ensure that it meets the requirements of the SAS Operational Guidelines, and then determines which products it needs to obtain from its ostomy product suppliers to fill the order. Ostomy supplies can be very expensive and purchasing too much stock in anticipation of future orders can detrimentally impact the cash flow of an association, so many have developed member ordering guidelines which promise order availability within a reasonable timeframe using a 'just in time' inventory management method. This method not only assists the association to better manage its cash flow but also helps to mitigate financial loss from stock obsolescence or expiry.

To receive reimbursement through the SAS, at the end of each month the association submits a bulk claim for the cost of all orders issued to its SAS Participant members during that time. Payment of the claim plus the 2.75% handling fee is remitted to the association in around 20 days. Other SAS activities carried out by an association include registering new

participants to the scheme, processing applications for additional stoma supplies (Medicare Form PB050) receiving and registering authorisations for use of restricted items, liaising with stoma therapy nurses on behalf of SAS participants as required and providing SAS related product information.

So to summarise, as an Australian ostomate your annual SAS Access Fee payment ensures that you can remain a registered participant in the Stoma Appliance Scheme for that financial year and can submit requests for ostomy products to your association and have those products funded by the SAS, subject to scheme guidelines. In return for receiving your SAS Access Fee payment for the financial year, your association will assess and process your requests within scheme rules, make those products available to you within the timeframes provided in their order availability policies (check with your association if you don't know what these are), and submit a claim for reimbursement of the cost of those products to the Commonwealth Government. Your association will also handle any other scheme documentation submitted by you or on your behalf which is intended to ensure that you can continue to receive the quantities of ostomy products that you need, when you need them.

Not bad value! •

# Granulomas By Monica Stankiewicz

**Monica is a Wound Management, Stomal Therapy and Dermatology Nurse Practitioner\* for Community and Oral Health, Metro North, Queensland Health and can see ostomates with any skin or general concerns, through a referral from a GP.**

A stoma can come in many shapes and sizes. A stoma can be formed for many reasons. If you have a stoma made from bowel tissue the mucosa (the thin membrane that covers the surface of internal organs and lines bodily passages) should be moist, pink with even texture throughout. If you have a stoma made for feeding, breathing, self-catheterisation, your stoma will have the epidermis (top layer of the skin) leading into an organ or bodily tract. The epidermis around your stoma should look like the rest of your skin; free from redness or skin loss.

## GRANULOMAS

Granulomas are raised, red little lumps that can occur on the stoma or around the stoma. There can be one or many granulomas. Sometimes they can bleed. They should be painless. Granulomas that have been present for a very long time can also start to heal with the epidermis starting to cover them. Granulomas themselves can be a nuisance, thus preventing self-care, appliance changes, self-catheterisation. Or the symptoms produced by granulomas can be a burden to the ostomate, for example ongoing bleeding, high fluid output (exudate) resulting in wet clothing, odour or irritation to intact skin.

There are some good images showing the diversity of granulomas on the internet: try searching 'granulomas on stomas'.

The cause of granulomas can be very diverse. There may be no obvious cause or there might be trauma to the stoma by appliances, tubing, or other

accessories that the ostomate is using. If you have had recent surgery, stitches/sutures can cause granulomas.

## TREATMENT

Typically granulomas can be assessed and treated by your stomal therapy nurse. Clinical guidelines which govern our practice, highlight silver nitrate (chemical cauterisation treatment) as first line therapy in treating granulomas. Silver nitrate will cauterise (burn), the granuloma. This can be painless or cause a mild sting. The treatment may need to be repeated several times.

Unfortunately granulomas can recur. The older the granuloma the more difficult it is to treat. A sign that the granulomas may be difficult to treat is if the skin (epidermis) has started to grow over your granuloma. Your stomal therapist / medical specialist, may ask you to see a dermatologist or surgeon. Examples of other treatment options undertaken by your medical/surgical specialists include:

Hyfrecation, low frequency electrical pulse that can burn the tissue. This can be painless or cause a mild sting.

Liquid nitrogen or cryotherapy can be used to freeze the granulomas. This can be painless or cause a mild sting.

Surgical intervention may also be required. This is often for those difficult older granulomas. This will require the use of local anaesthetic to numb the area prior to treatment.

## CONSIDERATION OF OTHER CONDITIONS

Granulomas are generally benign. However there may be times when they warrant further investigation, such as a biopsy. Your stomal therapy nurse or general practitioner may request/ refer you to another specialist for further testing and diagnosis. This may be particularly important if the lesions are growing quickly, painful or bleed profusely.

## Stomal Therapy Nurse



## ACCESS TO SPECIALIST TEAMS

It is really important to engage your stomal therapist as they are the experts in all the different appliances and accessories that may be required to reduce the recurrence of granulomas. Your stomal therapist may request that you see a specialist in regards to other treatment options as previously mentioned.

**Your GP can refer you through Central Patient Intake (Via e-referral CCI-Portal icon) OR fax the referral to 1300 364 952. Attention to: Nurse Practitioner Wound-Stoma Community and Oral Health.**

**The cost of attending the service is covered by Queensland Health (therefore there is no out of pocket fees for the ostomate); appliances are covered on the PBS stoma appliance scheme.**

**\*A Nurse Practitioner is a Registered Nurse with the experience and expertise to diagnose and treat people of all ages with a variety of acute or chronic health conditions. Nurse Practitioners have completed additional university study at Master's degree level and are the most senior clinical nurses in our health care system' (Australian College of Nurse Practitioners, 2020).** •

# Mackay ostomy awareness day

## a resounding success

By Sandy Field

Our awareness day held in October 2019 was, to my knowledge, the first one held outside South East Queensland. Over 100 people travelled up to 500km to attend from as far afield as Gladstone in the south to Townsville in the north.

The awareness day was arranged between local stomal therapy nurse, Jenny Richards and the Mackay ostomy support group. The group decided the day would be open to ostomates, people living with Ulcerative Colitis, Crohn's disease or inflammatory bowel disease, parents, families, friends, carers and health professionals.

Jenny had recently attended a conference where entertainer Luke Escombe had appeared and recommended he be approached as the key-note speaker. Being an ostomate himself, Luke's show is aimed at showing that life can and does go on following surgery. Suffering Crohn's disease, Luke is an ambassador for Crohn's and Colitis Australia and a Champion of Australian Pain Management.

After checking Luke's availability the group sought extra presenters, a venue, caterer and funding. Within two weeks an advertising flyer and program had been designed and printed.

Members helped promote the event, making phone calls, sending emails and advertising flyers to hospitals, nursing homes, doctor's surgeries, pharmacies and other health professionals. Notices were placed in shopping centres and the Mackay Regional Council. In less than a

week the first 500 flyers were handed out and another 500 were ordered.

The Mackay ostomy support group Facebook page was also busy with lots of people wanting to attend.

The event was advertised on ABC Radio who interviewed Graham Stabler, the spokesman for the Mackay Ostomy Support Group, prior to the event and both he and Jenny were featured on the Channel 7 local news after the event.

In addition to the keynote speaker, there were talks from experts in the field of stomal therapy, gastroenterology, diet, bowel screening and clinical advice. The day ended on a personal note when Graham, a retired veterinarian shared his life story, speaking of his love of horses and competing in campdrafting and talking about how he was able to laugh at himself by turning stressful events into humorous ones.

The keynote speaker, Luke is an all-round entertainer and comedian who frequently describes himself as 'the Mick Jagger of inflammatory bowel disease', he is hugely popular with all audiences. After telling of his journey from diagnosis to present day, he broke into song about living with a stoma. He successfully educates via television, through appearing at health conferences and with the sale of his DVDs.

There was ample opportunity for those attending to ask questions and to network with others with similar health issues. Representatives from the ostomy suppliers also attended giving people the opportunity to discuss different products.



L to R: Sue Allsop, Maree Stansby, Cath Walkley and Jenny Richards

Following the event, attendees were asked to fill out an evaluation form and the general consensus was – 'when's the next one?'

So, for any group that is considering an awareness day, the members of the Mackay ostomy support group cannot stress just how much was gained by those attending our event and as one visitor was heard to say 'It's wonderful to feel part of this big family'.

**This Mackay group was formed to foster support between ostomates and their families and to increase public awareness and knowledge of stomal therapy. There are approximately 34 members who range in age from about 40 to early 90s. If you would like more information on the Mackay support group please contact Graham on 0428 776 258 or email [grahamstabler@bigpond.com](mailto:grahamstabler@bigpond.com)**

# Happy first birthday to Ostomy Support Bears WA

By Kelly Moss

*'My heart is literally bursting at the seams with happiness and gratitude. Kelly is such an amazing woman for all she does to bring awareness to ostomy and helping others. I am very proud to call her my friend from Australia. I will be giving out my first bear tomorrow to a patient that had surgery yesterday. I hope this can bring a smile to their face and happiness in their heart,' from an old ostomy mate/Crohn's Nurse.*



Founder of Ostomy Support Bears WA, Kelly with two of her bears

I delivered my first bear on 8 March 2019. Since then we've sent more than 1,200 bears to 40 countries around

the world and I receive messages like this all the time from recipients of the bears. These messages have made me realise what a real difference I'm making to people. I'm personally forever grateful for my own bag (Winnie the Pooh).

I am delighted to say that children's hospitals all over Australia are now getting bears to give away to patients. We've also been able to send bears to some United States hospitals.

Ostomy Support Bears WA was my small dream, that has not only come true but exceeded my expectations.

On my one-year anniversary I would like to thank everyone who has helped me realise my dream. My team has handmade over 500 bears, dressed them, added on stomas and helped get them to their new homes.

Thanks also to Omnigon care solutions, Hollister/Dansac for supplying the paediatric bags for the bears, because after all, what's an ostomy bear without a bag?

And finally, I would like to give a massive thanks to everyone who has donated money to help me do this. These donations pay for the supplies we need to make our ostomy support bears. Without these donations I can't continue what I'm doing.

I'm forever grateful to be able to make people smile and I'm looking forward to doing it again in year two.



If you would like your own stoma bear please get in touch with Kelly by phone: 0425 619 744 or email: [mossy120@gmail.com](mailto:mossy120@gmail.com)

Get social with Kelly



Ostomy Support Bears WA



[ostomysupportbears](https://www.instagram.com/ostomysupportbears)

Donate to Ostomy Support Bears WA

PayPal using email [mossy120@gmail.com](mailto:mossy120@gmail.com)

GoFundMe 'Ostomy Support bears' ([gofundme.com/ostomy-support-bears](https://gofundme.com/ostomy-support-bears))

Bank account:

Kelly Moss | BSB 736062 | Account 711096

Please make sure to note that it is a donation in the note part of any of these payment options.

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# National Directory of Ostomy Associations

## Covid-19 notice

Most associations have stopped all in person services to protect staff, ostomates and the wider community. Please make sure to check with your association to find out how they are operating.

## AUSTRALIAN CAPITAL TERRITORY

### ACT & DISTRICTS STOMA ASSOCIATION

**W:** actstoma.net.au  
**E:** stoma@actstoma.net.au  
**T:** (02) 5124 4888  
**A:** Floor 2, 1 Moore Street Canberra ACT 2600  
**Open:** First and second week of each month on Monday, Tuesday, Wednesday 10:00am to 1:00pm

## NEW SOUTH WALES

### NSW STOMA LIMITED

**W:** nswstoma.org.au  
**E:** info@nswstoma.org.au  
**T:** 1300 Ostomy or (02) 9565 4317  
**A:** Unit 5, 7-29 Bridge Road Stanmore NSW 2018  
**Open:** Monday to Thursday 8:00am to 4:00pm, Friday 8:00am to 2:00pm

### OSTOMY NSW LTD

**W:** ostomynsw.org.au  
**E:** orders@ostomynsw.org.au  
**T:** (02) 9542 1300  
**F:** (02) 9542 1400  
**A:** Ground Floor, 20-22 Yalgar Rd Kirrawee NSW 2232  
**Open:** Monday to Thursday 9:00am to 2:00pm

## NORTHERN TERRITORY

### CANCER COUNCIL NORTHERN TERRITORY

**W:** nt.cancer.org.au  
**E:** ostomy@cancernrt.org.au  
**P:** (08) 8944 1800  
**F:** (08) 8927 4990  
**A:** Unit 2, 25 Vanderlin Drive Casuarina NT 0811  
**Open:** Monday to Thursday 8:30am to 2:00pm

## QUEENSLAND

### GOLD COAST OSTOMY ASSOCIATION

**W:** goldcoastostomy.com.au  
**E:** gcoa@bigpond.com  
**T:** (07) 5594 7633  
**F:** (07) 5571 7481  
**A:** 8 Dunkirk Close Arundel QLD 4214  
**Open:** Tuesday and Thursday 9:00am to 3:00pm

### NORTH QUEENSLAND OSTOMY ASSOCIATION

**E:** admin@nqostomy.org.au  
**T:** (07) 4775 2303  
**F:** (07) 4725 9418  
**A:** 13 Castlemaine Street Kirwan QLD 4812  
**Open:** Monday and Thursday 8:00am to 4:00pm, Wednesday 8:00am to 12:00 noon

### QUEENSLAND OSTOMY ASSOCIATION

**W:** qldostomy.org.au  
**E:** admin@qldostomy.org.au  
**T:** (07) 3848 7178  
**F:** (07) 3848 0561  
**A:** 22 Beaudesert Road Moorooka QLD 4105  
**Open:** Tuesday and Thursday 9:00am to 3:30pm

### QUEENSLAND STOMA ASSOCIATION

**W:** qldstoma.asn.au  
**E:** admin@qldstoma.asn.au  
**T:** (07) 3359 7570  
**F:** (07) 3350 1882  
**A:** Unit 1, 10 Valente Close Chermside QLD 4032  
**Open:** Monday to Thursday 8:30am to 2:30pm, last Saturday of each month 8:30am to 12:30pm

### TOOWOOMBA & SOUTH-WEST OSTOMY ASSN INC.

**E:** bob.schull@bigpond.com  
**T:** (07) 4636 9701  
**F:** (07) 4636 9702  
**A:** Education Centre, Blue Care Garden Settlement, 256 Stenner Street Toowoomba QLD 4350  
**Open:** Tuesday 9:00am to 3:30pm

### WIDE BAY OSTOMATES ASSOCIATION

**W:** wboa.org.au  
**E:** wbostomy@bigpond.com  
**T:** (07) 4152 4715  
**F:** (07) 4153 5460  
**A:** 88a Crofton Street Bundaberg West QLD 4670  
**Open:** Tuesday, Wednesday, Thursday 8:30am to 3:00pm

## SOUTH AUSTRALIA

### ILEOSTOMY ASSOCIATION OF SOUTH AUSTRALIA

**W:** ileosa.org.au  
**E:** orders@ileosa.org.au  
**T:** (08) 8234 2678  
**F:** (08) 8234 2985  
**A:** 73 Roebuck Street Mile End SA 5031

**Open:** Monday, Wednesday, Friday 12:00 noon to 2:00pm, Tuesday, Thursday 10:00am to 2:00pm

### OSTOMY ASSOCIATION OF SOUTH AUSTRALIA

**W:** colostomysa.org.au  
**E:** colosa@colostomysa.org.au  
**T:** (08) 8235 2727  
**F:** (08) 8355 1073  
**A:** 1 Keele Place Kidman Park SA 5025  
**Open:** Monday to Thursday 10:30am to 2:30pm

## TASMANIA

### OSTOMY TASMANIA

**W:** ostomytas.com.au  
**E:** admin@ostomytas.com.au  
**T:** (03) 6228 0799  
**F:** (03) 6228 0744  
**A:** Amenities Building, St. Johns Park, St. Johns Avenue, New Town TAS 7008  
**P:** PO Box 280 Moonah Tasmania 7009  
**Open:** Monday 9:00am to 3:00pm Tuesday 9:00am to 1:00pm

## VICTORIA

### BENDIGO AND DISTRICT OSTOMY ASSOCIATION

**W:** bendigo-ostomy.org.au  
**T:** Ostomy Rooms: (03) 5441 7520  
**F:** (03) 5442 9660  
**A:** 43-45 Kinross Street Bendigo VIC 3550  
**P:** PO Box 404 Golden Square VIC 3555

**Open:** Tuesday, Wednesday, Thursday 10:00am to 3:00pm Second Tuesday of each month from 9:00am to 3:00pm

### COLOSTOMY ASSOCIATION OF VICTORIA

**W:** colovic.org.au  
**E:** info@colovic.org.au  
**P:** (03) 9650 1666  
**F:** (03) 9650 4123  
**A:** Suite 221 - Level 2, Block Arcade, 98 Elizabeth Street Melbourne VIC 3000  
**Open:** Weekdays 9:00am to 2:00pm

### GEELONG OSTOMY

**W:** geelongostomy.com.au  
**E:** goinc@geelongostomy.com.au  
**T:** (03) 5243 3664  
**F:** (03) 5201 0844  
**A:** 6 Lewalan Street Grovedale VIC 3216

**Open:** Monday, Wednesday, Friday 9:30am to 2:30pm

### OSTOMY ASSOCIATION OF MELBOURNE

**W:** oam.org.au  
**E:** enquiries@oam.org.au  
**T:** (03) 9888 8523  
**F:** (03) 9888 8094  
**A:** Unit 14, 25-37 Huntingdale Rd Burwood VIC 3125

**Open:** Tuesday to Friday 9:00am to 4:00pm

### PENINSULA OSTOMY ASSOCIATION

**W:** penost.com.au  
**E:** poainc1@bigpond.com  
**T:** (03) 9783 6473  
**F:** (03) 9781 4866  
**A:** 12 Allenby Street Frankston VIC 3199  
**Open:** Monday, Thursday 10:00am to 3:00pm

### VICTORIAN CHILDREN'S OSTOMY ASSOCIATION

**W:** rch.org.au/edc  
**E:** edc@rch.org.au  
**T:** (03) 9345 5325  
**F:** (03) 9345 9499  
**A:** Equipment Distribution Centre, Royal Children's Hospital, Basement 2 (green lifts), 50 Flemington Road Parkville VIC 3052

### WARRNAMBOOL & DISTRICT OSTOMY ASSOCIATION

**E:** warrnamboolostomy@swh.net.au  
**T:** (03) 5563 1446  
**F:** (03) 5563 4353  
**A:** 279 Koroit Street Warrnambool VIC 3280

**Open:** Friday 12:00 noon to 4:00pm

## WESTERN AUSTRALIA

### WESTERN AUSTRALIAN OSTOMY ASSOCIATION

**W:** waostomy.org.au  
**E:** info@waostomy.org.au  
**T:** (08) 9272 1833  
**F:** (08) 9271 4605  
**A:** 15 Guildford Road Mount Lawley WA 6050

**Open:** Monday 9:00am to 5:00pm Tuesday 6:30am to 1:00pm Thursday 9:00 to 1:00pm Fourth Saturday of each month 9:00am to 1:00pm

# National Directory of Ostomy Support Groups

## Covid-19 notice

Most associations have stopped all in person services to protect staff, ostomates and the wider community. Please make sure to check with your association to find out how they are operating.

## AUSTRALIAN CAPITAL TERRITORY

### WODEN VALLEY

Dates: Tuesdays 11th Feb, 10th March, 14th April, 12th May 2020.  
Times: 10am to 12pm  
Address: Hellenic Club – Woden, Matilda St Phillip, ACT, (02) 6281 0899  
Contact: Your stomal therapy nurse or Clare Jacobs on 0400 921 901 or auctdo@coloplast.com for further Information. Everyone is welcome ... Please RSVP for catering purposes.

## NEW SOUTH WALES

### ALBURY/WODONGA BORDER DISTRICT

Meets: 10.00am on the second Tuesday of each month Feb to Dec.  
Venue: Hilltop Accommodation Centre, 600 Keene Street, East Albury NSW  
Contact: Alex Watson 0428 578 385

### BANKSTOWN AREA

Dates: Wednesdays 6th May, 5th August, 4th November 2020  
Time: 10:00-12:00 – morning tea  
Address: Revesby Workers Club, 2B Brett St, Revesby, Ph 02 9772 2100  
Access: Close to public transport and lots of free parking  
About: A stoma support group hosted by Bankstown Hospital STNs for you and your family – everyone welcome.  
RSVP: Please RSVP for catering purposes to your Bankstown Hospital STN or Clare Jacobs on 0400 921 901 or auctdo@coloplast.com for further information.

### BATHURST

Meet on the first Tuesday of March, June, September & December at Daffodil Cottage  
Contact: Louise Linke (02) 6330 5676

### BEAT BLADDER CANCER

Dates: Last Tuesday of every month  
Time: 7pm to 8:30pm  
Address: Macquarie University Hospital 3 Technology Place, Macquarie University.  
Contact: Adam Lynch, President BEAT Bladder Cancer 0421 626 016

### BOWRAL STOMA SUPPORT GROUP

Dates: Fridays 13th March, 26th June, 18th September, 11th December 2020.  
Time: 1pm to 2:30pm  
Address: Bowral Bowling Club, 40 Shepherd St, Bowral.  
Contact: Lu Wang & Erin Wagner  
Stomal Therapists, Liverpool Hospital – (02) 8738 4308 or Clare Jacobs 0400 921 901 / auctdo@coloplast.com. Everyone is welcome!! Please RSVP 1 week prior.

### BROKEN HILL

Meet: Every 3rd month or as required.  
Venue: Broken Hill Hospital Conference Room.

Contact: Tarnadra (08) 8080 1333

### CENTRAL COAST

Meet: 1.30pm to 3.30pm on the third Wednesday in Feb, May, Aug and Nov at a different venue each meeting.  
For further information, phone the Stomal Therapy Service on (02) 4320 3323

### COFFS HARBOUR

Meets 2:00pm to 3:30pm  
2016 meeting dates to be advised.  
Venue: Sawtell RSL Club, First Avenue, Sawtell.  
Ostomates & friends welcome.  
Contact Mandy Hawkins STN on (02) 6656 7804

### EUROBODALLA REGION

Meets first Sunday of Feb - Apr - Jun - Aug - Oct - Dec at 11am  
Venue: Laughter Room, Moruya Hospital.  
Phone: Betty (02) 4476 2746

### FAR NORTH COAST

Meet at Lismore Workers Club 225 - 231 Keen St. Lismore.  
11.30am - 2.00pm  
1st Saturday March, July, December.  
Contact: Marie: (02) 6686 7248

### GOULBURN COMMUNITY STOMA SERVICE

Dates: Wednesdays 19th Feb, 20th May, 19th August, 18th Nov 2020.  
Time: 9am to 3pm  
Address: Goulburn Workers Club, 1 McKell Place, Goulburn, (02) 4821 3355  
The STN is Kelly Taylor RN STN 0402 250 475  
e. kelly@communitystomaservice.com  
Kelly will provide individual consultations by appointment.

### GRAFTON & DISTRICT

Meets first Thursday of each month from 9.00am to 11.30am  
Contact: Anne: (02) 6641 8200

### GRIFFITH & DISTRICT

Griffith and the surrounding areas (100km radius including Leeton, Coleambally, Yenda, Hillston, Hanwood, Coleambally)  
Enquiries: Barry (02) 6963 5267 or 0429 635 267  
Email: ann.bar@bigpond.com  
Karan: 0434 785 309

### HASTINGS MACLEAY

Meet: The Old Hospital at 10am to 12noon on the third Wednesday in Feb - Apr - Jun - Aug - Oct - Dec.  
Inquiries: Neil 0427 856 630 or Glennie 0410 637 060

### ILLAWARRA

Dates: 12th Feb, 15th April, 10th June, 12th August, 14th Oct, 16th Dec 2020 (Xmas luncheon.  
Venue to be advised)  
Time: 10am to 12pm  
Address: Education Room, Figtree Private Hospital, 1 Suttor Place, Figtree  
Contact: Helen Richards CNC STN Wollongong Private Hospital phone: 42861109  
Julia Kittscha CNC STN Wollongong Hospital mob: 0414 421 021 Office: 4255 1594

### LIVERPOOL AREA SUPPORT GROUP

Dates: Thur 26th Sept, Thur 28th Nov  
Time: 1pm to 3pm  
Address: Cabra Vale Diggers Club, 1 Bartley St Canley Vale 2166  
Contact: Erin or Lu on (02) 8738 4308

### MANNING/GREAT LAKES

Meet: 10.00 am to 12 noon on first Wednesday in Feb - Apr - Jun - Aug - Oct - Dec.  
Venue: Skills for Life Building, 5-9 Elizabeth Ave. Taree NSW

(wheelchair accessible)  
Web: www.mglostomy.co.cc  
Contact: Karla MacTaggart on (02) 6592 9469

### NEWCASTLE DISTRICT

Meet at 1.30pm on the last Saturday in Feb - May - Aug (AGM) - Nov.  
Venue: Hamilton Wesley Fellowship Hall, 150 Beaumont St. Hamilton.  
Enquiries: Geoff (02) 4981 1799 or Lynda 0425 209 030 or Maree (02) 4971 4351

### ORANGE & DISTRICT

Meet: Mar - June - Sept - Dec From 12 noon.  
Venue: 15 Olver St, Orange. NSW  
Contacts: Louise: (02) 6330 5676 and Joanne: (02) 6362 6184

### SHOALHAVEN SUPPORT GROUP

Dates: 26/02/2020, Nowra Community Health Centre  
29/04/2020, Nowra Community Health Centre.  
24/06/2020, Ulladulla Civic Centre  
26/08/2020, Nowra Community Health Centre  
25/11/2020, Nowra Community Health Centre, Christmas meeting  
09/12/2020, Ulladulla Civic Centre, Christmas meeting.  
Time: 2 pm  
Address: Nowra Community Health Centre, 5-7 Lawrence avenue Nowra.  
Contact: Brenda Christiansen STN CNC.  
Ph. 02 44246300  
e. brenda.christiansen@health.nsw.gov.au

### ST GEORGE AREA

Dates: Tues 18 February, 17 March, 21 April, 19 May 2020 (3rd Tuesday of every month)  
Time: 10:00-12:00 – morning tea  
Address: Ramsgate RSL Club  
Venue: Mildura Base Hospital Conference room 1  
Contact: Vicky (03) 5022 3333 or Norma 0409 252 545

### SYDNEY - LIVERPOOL / CAMPBELLTOWN AREA

Meets: Thursdays from 1.00pm to 3.00pm in the Heritage Auditorium at Camden Hospital (Menangle Road, Camden).  
For further information, please contact: Diane or Lu (STNs) on (02) 8738 4308

### SYDNEY - PENRITH AREA

Nepean Educational Support Group meets 2pm-3.30pm, 10 May, 26 July, 27 September, 29 November  
Venue: Sydney Medical School, Clinical School Building, 62 Derby St., Kingswood.  
Family and friends welcome, afternoon tea supplied.  
Enquiries: Naomi Houston (stomal therapist) (02) 4734 1245

### SYDNEY - NORTHERN AREA

Meet: First Wed. 10.00am - 11.30am monthly in the Jacaranda Lodge, Sydney Adventist Hospital,  
185 Fox Valley Rd. Wahroonga.  
Contact: San Cancer Support Centre (02) 9487 9061

### TWEED-BYRON

Meets 3rd Tuesday of March, June, Sept., 2nd Tuesday in Dec., noon to 2pm.  
Venue: South Tweed Sports Club, 4 Minjungbal Dr., Tweed Heads South  
Contact: Lisa Clare STN (07) 5506 7540.

### WAGGA & DISTRICT

Meets: first Wednesday of each month from 10:00am to 11:00am.

Venue: The Men's Shed, 11 Ashmont Ave, Wagga Wagga  
Enquiries: David (02) 6971 3346 or 0428 116 084 Baz (02) 6922 4132

## VICTORIA

### BAIRNSDALE & DISTRICT

Available for people to talk to and for home visits in the local area.  
Contacts: Janine: 0418 854 562  
Derelle: 0448 458 997  
Email: bdosg@hotmail.com

### BALLARAT & DISTRICT OSTOMY SUPPORT GROUP

Meets: 2pm 2nd Wednesday of each month  
Venue: Barkly Restaurant, cnr Barkly St and Main Road.  
Contact: Graeme on 0400 979 742 or David Nestor on (03) 5339 4054  
Emails: david.nestor2@bigpond.com or graob44@gmail.com

### BENALLA / WANGARATTA

Meets 2.00pm on the third Monday of each second month.  
Venues: Wangaratta: North-East Health, 4-12 Clarke St., Wangaratta, April, Aug., Dec.  
Benalla Community Health, 45 Coster St., Benalla, Feb, June, Oct.  
Contact: Graeme Pitts, (03) 5762 1721 or 0407 240 943.  
Email: mgpwang@gmail.com

### COLOSTOMY ASSOCIATION OF VICTORIA STOMAL SUPPORT GROUP

CAV offers support to all clients. We offer 30 minute consultations with a qualified STN, by appointment, two or three days per week.

### MILDURA

Meet: Every second month  
Venue: Mildura Base Hospital Conference room 1  
Contact: Vicky (03) 5022 3333 or Norma 0409 252 545

### SOUTH GIPPSLAND

Socials held on the first Tuesday of each month at 2:00 pm. Please contact Thea on 0447 942 406 for more information.

### SUNRAYSIA / RIVERLAND

Venue: Sunraysia Cancer Centre  
Enquiries: Norma Murphy 0409 252 545

### WARRNAMBOOL & DISTRICT

Meets at 10.30am on the second Friday of the month in Feb - Apr - Jun - Aug - Oct - Dec.  
Venue: The Seminar Room, SWHC Community Centre, Koroit Street, Warrnambool  
Contacts: Heather on (03) 5561 1159 or Terry on (03) 5562 5093  
Warrnambool Ostomy rooms (Fridays) (03) 5563 1446

## WESTERN AUSTRALIA

### ALBANY

Meet at Albany Hospice 1.30 – 3 pm on the first Friday of March, June, September and December. Contact Gerry: 0498 666 525

### KALGOORLIE

Meet on last Thursday of each month 3 – 4 pm Right at Home Kalgoorlie Wheatbelt 69 Hannan Street

### MANDURAH

Meet at Training Room 3, Peel Health Campus 110 Lake Rd Mandurah 5.30 – 7 pm on first Wednesday each month

### BUNBURY / BUSSELTON

Facebook support group www.facebook.com/groups/561233347760977

## ESPERANCE

Call Len 9075 9099

### PERTH

New Members' orientation: Fourth Saturday each month 12 – 1 pm  
General support meeting: Fourth Saturday each month 1 – 3 pm  
15 Guildford Road, Mount Lawley

## QUEENSLAND

### BEENLEIGH

Meet first Monday of every second month from 09:30 to 10:30am Feb, April, June, Aug, Oct, Dec (Christmas Function)  
Logan Hospital, Room 1E.  
Cnr Loganlea and Armstrong Road, Meadowbrook 4131  
Ph: Leeanne Johnson STN (07) 3299 9107

### BOWEN

Meets at the Bowen PCYC on the first Monday of every month  
10:00am – 12:00pm

### MACKAY

Change of venue: St. Ambrose Church Hall, Glenpark Street, North Mackay

### SOUTH BURNETT

Meet second Tue. each month at 10am.  
Venue: Nanango Community Health Centre, Brisbane St. Nanango. QLD  
Contact: Anne Davoren  
Phone: (07) 4171 6750

### SUNSHINE COAST

Sunshine Coast Stoma Support Group meets at Maroochy RSL Events Centre, Memorial Avenue (off First Avenue), Maroochydore, second Monday of every month, commencing 10am.  
Enquiries: Laurie Grimwade: (07) 5445 9008  
sid.and.laurie@gmail.com  
Janelle Robinson: 0409 762 457  
candjrobinson@bigpond.com  
Kathy Himstedt: (07) 5445 9270  
greg.kath1@bigpond.com

### TOOWOOMBA

Insidout Toowoomba Stoma Support. These stoma mates would love to hear from you: ring for a chat or send an email. Margaret Brabrook (07) 4635 1697, emby1936@gmail.com; Leanne Wilshire (07) 4630 0629, leanne.wilshire@bigpond.com; emby1936@gmail.com; Laurel Czysnski, 0413 805 809

### WIDE BAY

Bundy Osto Mates  
Meets from 10am- 12 on the third Thursday of each month at Wide Bay Ostomates, 88a Crofton Street, Bundaberg West. Please contact Wide Bay Ostomates (07) 4152 4715

## TASMANIA

### 'SEMI COLONS'

Meets in Hobart on the third Friday of every month from 1.30pm to 3.30pm. Enquiries: Renata, Cancer Council Tasmania, (03) 6169 1900.

### NORTH & NORTH-WEST

North – 10 am - 12 noon, Cancer Support Centre - 69 Howick Street, Launceston, Mon 1st June and Mon 7th September  
North Western – 10 - 12 noon, Ulverstone Senior Citizens Club, 16 King Edwards Street, Wed 10th June and Mon 14th September

### SOUTHERN TASMANIA

Meet at Ostomy Tasmania Office, New Town, 10am-noon on Wed 3 June and Wed 9 September. Further information: Adrian Kok: 0498 196 059

## SOUTH AUSTRALIA

### CENTRAL

Meet: Third Tuesday of Jan, March, May, July, Sept, Nov.  
When: 2pm.  
Where: Ileostomy Assoc Centre, 73 Roebuck St, Mile End.  
Information: (08) 8234 2678  
or speak with Val Macey (08) 8381 1646

### FLEURIEU

Meets first Monday of March, June, September, December  
Flinders Rural Health, Bay road, Victor Harbour  
10am to 12 noon  
Contact: Lyn Sandford STN on 0421 000 960  
or linsandford09@gmail.com

### PORT AUGUSTA AND BEYOND

Meet: Fourth Tuesday of every month at 1.30pm in the Library/Bookshop behind St Augustine's Anglican Church, Church St. Port Augusta.  
Please contact Anne Wensley for more information on 0429 422 942

### PORT PIRIE

Meet: Third Tuesday of each month  
1pm – 2.30pm at GP Plus Medical Centre, 50 Gertrude Street, Port Pirie.  
Contact STN Jenni Edwards  
(08) 8638 4536

### SOUTHERN

Meet: First Wednesday of Feb, April, June, Aug, Oct, Dec.  
When: 2pm.  
Where: Elizabeth House, 112 Elizabeth Rd, Christie Downs.  
Information: Lyn Sandford STN 0421 000 960  
or Sharmaine Peterson STN 0438 853 082

### YORKE PENINSULA

Meet : Third Wednesday of Feb, April, June, Aug, Oct, Dec at 1.30pm.  
Initial venue Moonta Aged Care Activity Room, Majors Rd, Moonta.  
Venue may change to accommodate distant ostomates.  
Contact Helen Colliver on 0419 839 869

## NORTHERN TERRITORY

### DARWIN

Meet: 5.30-6.30pm on the first Tuesday of every month.  
Where: Cancer Council NT, 2/25 Vanderlin Drive, Wanguri NT 0810  
Contact: Marie Purdey:  
(08) 8944 1800

### BOWEL GROUP FOR KIDS INC

Tel: 0458596185  
Email: enquiries@bgk.org.au  
Web: www.bgk.org.au

### YOUNG OSTOMATES UNITED (YOU)

Tel: Helen (03) 9796 6623  
Web: www.youinc.org.au  
Email: helshae@hotmail.com  
Facebook:  
Young Ostomates United

### PARENTERAL NUTRITION DOWN UNDER

Secretary on (02) 9987 1978  
Email: contactpndu@gmail.com  
Web: www.parenteral-nutrition-down-under.webs.com

### MITROFANOFF SUPPORT AUSTRALIA

PO Box 256, South Melbourne, Victoria 3205  
Email:  
info@mitrofanoffaustralia.org.au  
Web:  
www.MitrofanoffAustralia.org.au

## Stoma Appliance Scheme Product Suppliers



### AinsCorp

PO Box 572, Niddrie, Victoria 3042  
Toll Free Number: 1300 784 737  
Email: service@ainscorp.com.au  
Website: www.ainscorp.com.au



### Dansac

PO Box 375, Box Hill, Victoria 3128  
Phone: 1800 880 851  
Email: priority@dansac.com.au  
Website: www.dansac.com.au



### Coloplast

PO Box 240 Mt Waverley Vic 3149  
Freecall: 1800 653 317  
Email: au.care@coloplast.com  
Website: www.coloplast.com.au



### ConvaTec

PO Box 63, Mulgrave, Victoria 3170  
Freecall: 1800 335 276  
Email: connection.au@convatec.com  
Website: www.convatec.com.au



### Sutherland Medical

Unit 2, 195 Chesterville Road Moorabbin Vic 3189  
Phone: 1300 664 027  
Email: orders@sutherlandmedical.com.au  
Website: www.sutherlandmedical.com.au



### Future Environmental Services

PO Box 319, Blairgowrie, Victoria 3942  
Phone: +61 3 5985 2828  
Email: health@futenv.com.au  
Website: www.futenv.com.au



### Hollister

PO Box 375, Box Hill, Victoria 3128  
Freecall: 1800 880 851  
Email: priority@hollister.com.au  
Website: www.hollister.com.au/anz/



### Nice Pak Products

Free call: 1800 506 750  
Email: healthcare@nicepak.com.au  
Web: www.nicepak.com.au



### Omnigon Pty Ltd

PO Box 5013, Burnley, Victoria 3121  
Freecall: 1800 819 274  
Email: info@omnigon.com.au  
Website: www.omnigon.com.au



### 3M Australia

Locked Bag 19, North Ryde NSW 1670  
Phone: 136 136  
Website: www.3m.com.au



### Statina Healthcare Australia

3/30 Leighton Place, Hornsby, NSW 2077  
Toll Free Number: 1300 365 404  
Email: sales@statina.com.au  
Website: www.statina.com.au